

City of Tempe Commission On Disability Concerns

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Website:
www.tempe.gov/tcc

Information Contact:
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Sponsored by the
City of Tempe and the
Tempe Community Council

We are now accepting nominations for the **TEMPE MAYOR'S DISABILITY**



2005 Tempe Mayor's Disability Award Nominations

**TEMPE EMPLOYER OF THE YEAR
TEMPE EMPLOYEE OF THE YEAR
TEMPE ARCHITECTURAL ACCESSIBILITY
AWARD**

AWARDS to be presented on **Thursday, May 12, 2005**. On that day, the

Mayor will publicly recognize outstanding employees and employers of people with disabilities in our community.

- Award winners will be featured in a Tempe Cable Channel 11 documentary
- Each winner will receive a handsome plaque or certificate.

THERE ARE TWO EASY WAYS TO SUBMIT YOUR NOMINATION:

1. YOU CAN SUBMIT THE NOMINATION ONLINE AT

http://www.tempe.gov/tcc/2005_disability_awards_nomination.htm

Just click on the "2005 Nomination Forms" link, enter the information, press "submit form" and you're done! or

2. COMPLETE THE ENCLOSED BRIEF NOMINATION FORM

and mail, fax or deliver it by WEDNESDAY MARCH 2, 2005.

INSTRUCTIONS FOR COMPLETING NOMINATIONS

Nominations may be sponsored by anyone. Complete the attached form, use extra sheets as necessary and attach additional material if you wish. You may copy the form or reproduce it on your word processor if convenient. Call Tempe Community Council at 480-858-2300 if you have questions. Complete and postmark or deliver by 5:00 p.m., WEDNESDAY MARCH 2, 2005 to: TEMPE COMMUNITY COUNCIL, 34 E. 7th St., Building A, TEMPE, AZ 85281. FAX submissions are acceptable - FAX (480) 858-2319.

QUALIFICATIONS FOR NOMINEES:

- To be considered for an **EMPLOYEE** award, the employee must be a paid employee with a disability, either 1) working in Tempe or 2) a Tempe resident working for an employer Valley-wide.
- To be considered for an **EMPLOYER** award, the employer must employ persons with disabilities and have a business location in the City of Tempe.
- To be considered for the **ARCHITECTURAL ACCESSIBILITY** award, the facility must be located in the City of Tempe and have exceptional accessibility features.

2005 TEMPE MAYOR'S AWARD NOMINATION FORM

(PLEASE TYPE OR PRINT) Submit to Tempe Community Council, 34 E. 7th St., Building A, Tempe, 85281

NOMINEE INFORMATION

Please complete this section for ALL nominees

This is a nomination for (Please CHECK) ☐Employer ☐Employee ☐Architectural Accessibility

1. Nominee's name (Business Name or Individual's Name):

2. Address

Street & Number:

City & State, Zip:

Phone:

Fax:

3. Type of business of employer and/or employee:

EMPLOYER NOMINATION INFORMATION

PLEASE COMPLETE THE FOLLOWING SECTION FOR AN EMPLOYER AWARD:

Name and Title of chief executive/manager: _____

- A. What are the reasons you feel make this organization an outstanding company in relation to employment of people with disabilities?

- B. What provisions have you observed at this company for accessibility and workstation modifications?

- C. To your knowledge, what information has this company provided to its employees about the Americans with Disabilities Act (ADA)?

EMPLOYEE NOMINATION INFORMATION

PLEASE COMPLETE THE FOLLOWING SECTION FOR AN EMPLOYEE AWARD:

- A. Nominee's job position, hours worked per week and type of work, location of work (in the home, at the company office, etc.):

(CONTINUED ON REVERSE SIDE)

- B. What are the work-related reasons you feel make this person eligible to be considered for Tempe Employee of the Year?
- C. List any of the nominee's personal or civic accomplishments of which you are aware that would support this nomination:

ARCHITECTURAL ACCESSIBILITY INFORMATION

PLEASE COMPLETE THE FOLLOWING SECTION FOR **ARCHITECTURAL ACCESSIBILITY AWARD**:

- A. List year facility was built and street address. If necessary, include additional directions (e.g., suite #, building number).
- B. Provide a listing and location of accessible features within or around facility (e.g., accessible checkout counters, accessible parking features).
- C. State briefly why you think this facility is worthy of recognition as an outstanding example of architectural accessibility.

This Nomination submitted by:

Name:

Date:

Address: (Street) (City & State) (Zip)

Company or Organization:

Phone:

Email Address:

How you know or became aware of the nominee:

Business: Employee ___ Customer ___ Other ___ (describe)

Employee: Co-worker ___ Friend ___ Family ___ Teacher ___ Other (describe)